



DIVISION OF WAGE & HOUR COMPLIANCE
PO BOX 389
TRENTON, NEW JERSEY 08625-0389

STATE OF NEW JERSEY
DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
APPLICATION FOR APPAREL INDUSTRY CERTIFICATE OF REGISTRATION

CHAPTER 456, P.L. 1987 – APPAREL REGISTRATION ACT SPECIFIES THAT NO MANUFACTURER OR CONTRACTOR SHALL ENGAGE IN THE APPAREL INDUSTRY UNLESS HE REGISTERS WITH THE COMMISSIONER.

PLEASE PRINT OR TYPE CLEARLY

THIS APPLICATION MUST BE ACCOMPANIED BY: A. CHECK or MONEY ORDER Made Payable to the: Division of Wage & Hour Compliance NEW (300.00) <input type="checkbox"/> RENEWAL (300.00) <input type="checkbox"/>	B. OMNIBUS Company Name _____ COMPANY ADDRESS: _____ _____ Any Division, Subsidiary Corporations or related Companies with the same Corporate structure may be named and included under one Omnibus registration.
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1. Trade Name		2. FEIN#		
3. Street Address Where Employees Work		4. Company has been in business since: Month _____ Year _____ 4a. Nature of business. Type of Garment or Components.		
5. City		6. State		
7. County	8. Zip Code	9. Business Phone	9a. Fax	
10. Corporation Name if different from item 1		10a. Greatest Number of Workers in the past 12 months was _____ during the month of _____.		
11. Main Office Address		15. Zip Code		
12. City		13. County		
14. State		15. Zip Code		
16. Check Most Applicable <input type="checkbox"/> Manufacturer <input type="checkbox"/> Garments <input type="checkbox"/> Components <input type="checkbox"/> Contractor <input type="checkbox"/> Garments <input type="checkbox"/> Components		17. Type of Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
I Certify that the establishment making this application carries: Workers' Compensation Insurance Policy # _____ Expiring on _____ Name of Insurance Carrier: _____ _____		If Establishment is not covered by State Disability: Disability Benefits Insurance Policy # _____ Effective Date _____ If Self-Insured, the date of approval _____ Name of Association, Union or Trustee Disability Plan: _____ _____		
FOR OFFICE USE ONLY	CERTIFICATE #		<input type="checkbox"/> Check <input type="checkbox"/> Money Order	Record # Reviewed By: Data Entry By:
	DATE	AMOUNT		

18. Name, Title and Home Address of Owner(s), Partners or Corporate Officers				
a. Name			Title	
b. Street Address		City	State	Zip Code
a. Name			Title	
b. Street Address		City	State	Zip Code
a. Name			Title	
b. Street Address		City	State	Zip Code
a. Name			Title	
b. Street Address		City	State	Zip Code
19. List the current names and addresses of all firms engaged in garment manufacturing with whom you do business, i.e., contractors, subcontractors, jobbers. Attach additional sheets if necessary.				
a. Name			Telephone #	
b. Street Address		County	City	State Zip Code
a. Name			Telephone #	
b. Street Address		County	City	State Zip Code
a. Name			Telephone #	
b. Street Address		County	City	State Zip Code

STATEMENT

I UNDERSTAND THAT THE APPAREL INDUSTRY REGISTRATION FOR WHICH THE EMPLOYER IS APPLYING IS ISSUED TO A MANUFACTURER OR CONTRACTOR AS DEFINED IN CHAPTER 458 OF THE NEW JERSEY STATE LABOR LAW. I KNOW THAT CHAPTER 458 REQUIRES THAT THE REGISTRANT MAKES THE REQUIRED RECORDS AVAILABLE TO A REPRESENTATIVE OF THE COMMISSIONER OF LABOR AND WORKFORCE DEVELOPMENT AT ITS PLACE OF BUSINESS UPON REQUEST AND THAT IT MUST COOPERATE WITH ANY INVESTIGATION TO DETERMINE COMPLIANCE WITH THE PROVISIONS OF THE LABOR LAW. GIVING FALSE INFORMATION ON THIS FORM MAY VIOLATE THE LABOR LAW AND THE PENAL LAW AND MAY RESULT IN CIVIL AND CRIMINAL PENALTIES.

SIGNATURE

NAME AND TITLE TYPEWRITTEN OR PRINTED

AN EMPLOYER IS SUBJECT TO PROVISION OF CHAPTER 458, P.L. 1987 NEW JERSEY LAW, INCLUDING THOSE REQUIRING PAYMENT OF AT LEAST THE APPLICABLE NEW JERSEY STATE MINIMUM WAGE; TIMELY PAYMENT OF WAGES WITHOUT DEDUCTIONS EXCEPT THOSE AUTHORIZED BY LAW, SUCH AS SOCIAL SECURITY OR INCOME TAX; ACCURATE PAYROLL RECORDS SHOWING THE NUMBER OF HOURS WORKED DAILY AND WEEKLY, THE AMOUNT OF GROSS WAGES, NET WAGES AND DEDUCTIONS; AND WAGE STATEMENTS WITH EACH PAYMENT OF WAGES.

RETURN TO:

NJ DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
DIVISION OF WAGE & HOUR COMPLIANCE
APPAREL REGISTRATION UNIT
PO BOX 389
TRENTON, NJ 08625-0389